House	Amendment NO
Offered By	
AMEND House Committee Substitute for Senate Bill No. 12, Page 14, Section 600.090, Line 70, by inserting after all of said section and line, the following:	
for treatment and rehabilitation is prese disorder other than alcohol or drug abus arrange for the transfer of the person to or through a licensed physician, register professional designated by the mental h ninety-six hours for evaluation and trea	ohol or drug abuse facility finds that a person who is detained nting a likelihood of serious harm as a result of mental se, or both, or is gravely disabled, the head of the facility shall a mental health facility through a mental health coordinator, red professional nurse, qualified counselor or mental health ealth facility. The person may be detained for up to the timent, under the procedures of sections 632.310, 632.315, tition for further detention under sections 632.330 and
	1 and this chapter, unless the context clearly requires
otherwise, the following terms shall me	
	e services", any one, or any combination of two or more, of
	ed by mental disorders other than intellectual disabilities or
	utpatient, day program or other partial hospitalization,
	on, follow-up, consultation, education, rehabilitation,
	g, medical prevention and treatment for alcohol abuse, and
medical prevention and treatment for dr	
	isory council for comprehensive psychiatric services;
	s jurisdiction over the respondent or patient;
	comprehensive psychiatric services of the department of
mental health;	64 1
* /	of the division of comprehensive psychiatric services of the
department of mental health, or his desi	<b>o</b> ,
	tion in which a person, as a result of mental illness or mental
	ment of his or her resources and in the conduct of his or her her health or safety is significantly endangered and he or she
	s is so. A person of any age can be gravely disabled, but such
	a developmental disability unless such person also has a
<u> -</u>	determination of gravely disabled shall be based upon the
person's mental illness or mental disord	
	lity", superintendent or other chief administrative officer of a
mental health facility, or his designee;	y y and a series of the series
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court is open for business, but excluding Saturdays, Sundays and legal holidays;

Action Taken\_\_\_\_\_\_ Date \_\_\_\_\_

[(8)] (9) "Licensed physician", a physician licensed pursuant to the provisions of chapter 334 or a person authorized to practice medicine in this state pursuant to the provisions of section 334.150:

- [(9)] (10) "Licensed professional counselor", a person licensed as a professional counselor under chapter 337 and with a minimum of one year training or experience in providing psychiatric care, treatment, or services in a psychiatric setting to individuals suffering from a mental disorder;
- [(10)] (11) "Likelihood of serious harm" means any one or more of the following but does not require actual physical injury to have occurred:
- (a) A substantial risk that serious physical harm will be inflicted by a person upon his own person, as evidenced by recent threats, including verbal threats, or attempts to commit suicide or inflict physical harm on himself. Evidence of substantial risk may also include information about patterns of behavior that historically have resulted in serious harm previously being inflicted by a person upon himself; or
- (b) A substantial risk that serious physical harm to a person will result or is occurring because of an impairment in his capacity to make decisions with respect to his hospitalization and need for treatment as evidenced by his current mental disorder or mental illness which results in an inability to provide for his own basic necessities of food, clothing, shelter, safety or medical care or his inability to provide for his own mental health care which may result in a substantial risk of serious physical harm. Evidence of that substantial risk may also include information about patterns of behavior that historically have resulted in serious harm to the person previously taking place because of a mental disorder or mental illness which resulted in his inability to provide for his basic necessities of food, clothing, shelter, safety or medical or mental health care; or
- (c) A substantial risk that serious physical harm will be inflicted by a person upon another as evidenced by recent overt acts, behavior or threats, including verbal threats, which have caused such harm or which would place a reasonable person in reasonable fear of sustaining such harm. Evidence of that substantial risk may also include information about patterns of behavior that historically have resulted in physical harm previously being inflicted by a person upon another person;
- [(11)] (12) "Mental health coordinator", a mental health professional who has knowledge of the laws relating to hospital admissions and civil commitment and who is authorized by the director of the department, or his designee, to serve a designated geographic area or mental health facility and who has the powers, duties and responsibilities provided in this chapter;
- [(12)] (13) "Mental health facility", any residential facility, public or private, or any public or private hospital, which can provide evaluation, treatment and, inpatient care to persons suffering from a mental disorder or mental illness and which is recognized as such by the department or any outpatient treatment program certified by the department of mental health. No correctional institution or facility, jail, regional center or developmental disability facility shall be a mental health facility within the meaning of this chapter;
- [(13)] (14) "Mental health professional", a psychiatrist, resident in psychiatry, psychologist, psychiatric nurse, licensed professional counselor, or psychiatric social worker;
- [(14)] (15) "Mental health program", any public or private residential facility, public or private hospital, public or private specialized service or public or private day program that can provide care, treatment, rehabilitation or services, either through its own staff or through contracted providers, in an inpatient or outpatient setting to persons with a mental disorder or mental illness or with a diagnosis of alcohol abuse or drug abuse which is recognized as such by the department. No correctional institution or facility or jail may be a mental health program within the meaning of this chapter;
  - [(15)] (16) "Ninety-six hours" shall be construed and computed to exclude Saturdays,

Sundays and legal holidays which are observed either by the court or by the mental health facility where the respondent is detained;

- [(16)] (17) "Peace officer", a sheriff, deputy sheriff, county or municipal police officer or highway patrolman;
- [(17)] (18) "Psychiatric nurse", a registered professional nurse who is licensed under chapter 335 and who has had at least two years of experience as a registered professional nurse in providing psychiatric nursing treatment to individuals suffering from mental disorders;
- [(18)] (19) "Psychiatric social worker", a person with a master's or further advanced degree from an accredited school of social work, practicing pursuant to chapter 337, and with a minimum of one year training or experience in providing psychiatric care, treatment or services in a psychiatric setting to individuals suffering from a mental disorder;
- [(19)] (20) "Psychiatrist", a licensed physician who in addition has successfully completed a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program certified as equivalent by the department;
- [(20)] (21) "Psychologist", a person licensed to practice psychology under chapter 337 with a minimum of one year training or experience in providing treatment or services to mentally disordered or mentally ill individuals;
- [(21)] (22) "Resident in psychiatry", a licensed physician who is in a training program in psychiatry approved by the American Medical Association, the American Osteopathic Association or other training program certified as equivalent by the department;
- [(22)] (23) "Respondent", an individual against whom involuntary civil detention proceedings are instituted pursuant to this chapter;
- [(23)] (24) "Treatment", any effort to accomplish a significant change in the mental or emotional conditions or the behavior of the patient consistent with generally recognized principles or standards in the mental health professions.
- 632.150. 1. A voluntary patient who has applied for his own admission may request his release either orally or in writing to the head of the mental health facility and shall be released immediately; except, that if the head of the facility determines that he is mentally disordered and, as a result, presents a likelihood of serious physical harm to himself or others, or is gravely disabled, the head of the facility may refuse the request for release.
- 2. If the request for release is refused, the mental health facility may detain the person only if a mental health coordinator, a licensed physician, a registered professional nurse designated by the facility and approved by the department, a mental health professional or a peace officer completes an application for detention for evaluation and treatment to begin the involuntary detention of the patient under this chapter.
- 632.155. 1. A voluntary patient who is a minor and who requests his release either orally or in writing, or whose release is requested in writing to the head of the facility by his parent, spouse, adult next of kin, or person entitled to his custody, shall be released immediately; except, that if the patient was admitted on the application of another person, his release shall be conditioned upon receiving the consent of the person applying for his admission.
- 2. If the head of the mental health facility determines that the minor is mentally disordered and, as a result, presents a likelihood of serious physical harm to himself or others, or is gravely disabled, the head of the facility may refuse the release. The mental health facility may detain the minor only if a mental health coordinator, a licensed physician, a mental health professional or a registered professional nurse designated by the facility and approved by the department completes an application for detention for evaluation and treatment to begin the involuntary detention of the minor under this chapter or, if appropriate, the minor is detained in the facility under the provisions of chapter 211.

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- 632.300. 1. When a mental health coordinator receives information alleging that a person, as the result of a mental disorder, presents a likelihood of serious harm to himself or others, or that the person is gravely disabled, he shall:
  - (1) Conduct an investigation;

- (2) Evaluate the allegations and the data developed by investigation; and
- (3) Evaluate the reliability and credibility of all sources of information.
- 2. If, as the result of personal observation or investigation, the mental health coordinator has reasonable cause to believe that such person is mentally disordered and, as a result, presents a likelihood of serious harm to himself or others, or that the person is gravely disabled, the mental health coordinator may file an application with the court having probate jurisdiction pursuant to the provisions of section 632.305; provided, however, that should the mental health coordinator have reasonable cause to believe, as the result of personal observation or investigation, that the likelihood of serious harm by such person to himself or others as a result of a mental disorder is imminent unless the person is immediately taken into custody, or the person is gravely disabled and there exists an imminent risk to the person's health or safety unless such person is immediately taken into custody, the mental health coordinator shall request a peace officer to take or cause such person to be taken into custody and transported to a mental health facility in accordance with the provisions of subsection 3 of section 632.305.
- 3. If the mental health coordinator determines that involuntary commitment is not appropriate, he should inform either the person, his family or friends about those public and private agencies and courts which might be of assistance.
- 632.305. 1. An application for detention for evaluation and treatment may be executed by any adult person, who need not be an attorney or represented by an attorney, including the mental health coordinator, on a form provided by the court for such purpose, and must allege under oath that the applicant has reason to believe that the respondent is suffering from a mental disorder and presents a likelihood of serious harm to himself or to others, or is gravely disabled. The application must specify the factual information on which such belief is based and should contain the names and addresses of all persons known to the applicant who have knowledge of such facts through personal observation.
- 2. The filing of a written application in court by any adult person, who need not be an attorney or represented by an attorney, including the mental health coordinator, shall authorize the applicant to bring the matter before the court on an ex parte basis to determine whether the respondent should be taken into custody and transported to a mental health facility. The application may be filed in the court having probate jurisdiction in any county where the respondent may be found. If the court finds that there is probable cause, either upon testimony under oath or upon a review of affidavits, to believe that the respondent may be suffering from a mental disorder and presents a likelihood of serious harm to himself or others, or is gravely disabled, it shall direct a peace officer to take the respondent into custody and transport him to a mental health facility for detention for evaluation and treatment for a period not to exceed ninety-six hours unless further detention and treatment is authorized pursuant to this chapter. Nothing herein shall be construed to prohibit the court, in the exercise of its discretion, from giving the respondent an opportunity to be heard.
- 3. A mental health coordinator may request a peace officer to take or a peace officer may take a person into custody for detention for evaluation and treatment for a period not to exceed ninety-six hours only when such mental health coordinator or peace officer has reasonable cause to believe that such person is suffering from a mental disorder and that the likelihood of serious harm by such person to himself or others is imminent unless such person is immediately taken into custody, or the person is gravely disabled and there exists an imminent risk to the person's health or

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safety unless such person is immediately taken into custody. Upon arrival at the mental health facility, the peace officer or mental health coordinator who conveyed such person or caused him to be conveyed shall either present the application for detention for evaluation and treatment upon which the court has issued a finding of probable cause and the respondent was taken into custody or complete an application for initial detention for evaluation and treatment for a period not to exceed ninety-six hours which shall be based upon his own personal observations or investigations and shall contain the information required in subsection 1 of this section.

- 4. If a person presents himself or is presented by others to a mental health facility and a licensed physician, a registered professional nurse or a mental health professional designated by the head of the facility and approved by the department for such purpose has reasonable cause to believe that the person is mentally disordered and presents an imminent likelihood of serious harm to himself or others unless he is accepted for detention, or the person is gravely disabled and there exists an imminent risk to the person's health or safety unless such person is accepted for detention, the licensed physician, the mental health professional or the registered professional nurse designated by the facility and approved by the department may complete an application for detention for evaluation and treatment for a period not to exceed ninety-six hours. The application shall be based on his own personal observations or investigation and shall contain the information required in subsection 1 of this section.
- 632.330. 1. At the expiration of the ninety-six hour period, the respondent may be detained and treated involuntarily for an additional two judicial days only if the head of the mental health facility or a mental health coordinator either has filed a petition for additional inpatient detention and treatment not to exceed twenty-one days or has filed a petition for outpatient detention and treatment for a period not to exceed one hundred eighty days.
- 2. Within ninety-six hours following initial detention, the head of the facility or the mental health coordinator may file or cause to be filed either a petition for a twenty-one-day inpatient involuntary detention and treatment period or a petition for outpatient detention and treatment for a period not to exceed one hundred eighty days, provided he has reasonable cause to believe that the person is mentally ill and as a result presents a likelihood of serious harm to himself or others, or is gravely disabled. The court shall serve the petition and list of prospective witnesses for the petitioner upon the respondent and his attorney at least twenty-four hours before the hearing. The head of the facility shall also notify the mental health coordinator if the petition is not filed by the mental health coordinator. The petition shall:
- (1) Allege that the respondent, by reason of mental illness, presents a likelihood of serious harm to himself or to others, or is gravely disabled;
- (2) Allege that the respondent is in need of continued detention and treatment either on an inpatient basis or on an outpatient basis;
- (3) Allege the specific behavior of the respondent or the facts which support such conclusion;
- (4) Affirm that attempts were made to provide necessary care, treatment and services in the least restrictive environment to the respondent on a voluntary basis, but either the petitioner believes that the respondent lacks the capacity to voluntarily consent to care, treatment and services or the respondent refuses to voluntarily consent to care, treatment and services such that proceeding with a petition for the respondent's civil detention in the least restrictive environment is necessary;
- (5) Allege that there will be appropriate support from family, friends, case managers or others during the period of outpatient detention and treatment in the community if such commitment is sought;
- (6) Specify the mental health program that is appropriate to handle the respondent's condition and that has agreed to accept the respondent;

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- (7) Specify the range of care, treatment and services that shall be provided to the respondent if the petition for further detention is sustained by the court;
  - (8) Name the entities that have agreed to fund and provide the specified interventions; and
- (9) Be verified by a psychiatrist or by a licensed physician and a mental health professional who have examined the respondent.
- 3. The petitioner shall consider whether based on the respondent's condition and treatment history, the respondent meets the criteria in chapter 475, so that appointment of a full or limited guardian or conservator is appropriate for the court to consider, and if deemed so, the petitioner then shall proceed as specified in subsection 4 of this section.
- 4. If the head of the mental health facility, or his designee, or the mental health coordinator believes that the respondent, because of a mental illness or mental disorder, may be incapacitated or disabled as defined in chapter 475, the head of the mental health facility or mental health coordinator shall cause a petition to be filed pursuant to section 475.060 and section 475.061, if applicable, with the court having probate jurisdiction as determined by section 475.035. In addition, if the head of the mental health facility, his designee or the mental health coordinator believes it appropriate, he shall proceed with obtaining an order for the respondent's temporary emergency detention as provided for in section 475.355. Furthermore, the hearing on the petition filed pursuant to chapter 475 shall be conducted pursuant to the requirements of section 475.075 and other appropriate sections of chapter 475, and shall be held within two judicial days after termination of the ninety-six-hour civil detention period unless continued for good cause shown. Nothing contained in this subsection shall restrict or prohibit the head of the mental health facility, his designee or the mental health coordinator from proceeding under the appropriate provisions of this chapter if the petition for guardianship or conservatorship is denied.
- 632.335. 1. The petition for additional inpatient detention and treatment not to exceed twenty-one days or the petition for outpatient detention and treatment not to exceed one hundred eighty days shall be filed with the court having probate jurisdiction. At the time of filing the petition, the court clerk shall set a date and time for the hearing which shall take place within two judicial days of the filing of the petition. The clerk shall promptly notify the respondent, his attorney, the petitioner and the petitioner's attorney of the date and time for the hearing. The court shall not grant continuances except upon a showing of good and sufficient cause. If a continuance is granted, the court, in its discretion, may order the person released pending the hearing upon conditions prescribed by the court. The court may order the continued detention and treatment of the person at a mental health facility pending the continued hearing, and a copy of such order shall be furnished to the facility.
- 2. The hearing shall be conducted in as informal a manner as may be consistent with orderly procedure and in a physical setting not likely to have a harmful effect on the respondent. Due consideration shall be given by the court to holding a hearing at the mental health facility. The respondent shall have the following rights in addition to those specified elsewhere:
  - (1) To be represented by an attorney;
  - (2) To present evidence on his own behalf:
  - (3) To cross-examine witnesses who testify against him;
  - (4) To remain silent:

- (5) To view and copy all petitions and reports in the court file of his case;
- (6) To have the hearing open or closed to the public as he elects;
- (7) To be proceeded against according to the rules of evidence applicable to civil judicial proceedings;
  - (8) A hearing before a jury if requested by the patient or his attorney.
  - 3. The respondent shall be present at the hearing, unless the respondent's physical condition

is such that he cannot be present in the courtroom or if the court determines that the respondent's conduct in the courtroom is so disruptive that the proceedings cannot reasonably continue.

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- 4. At the conclusion of the hearing, if the court finds, based upon clear and convincing evidence, that respondent, as the result of mental illness, presents a likelihood of serious harm to himself or to others, or is gravely disabled, and that a mental health program appropriate to handle the respondent's condition has agreed to accept him, the court shall order either that the respondent be detained for inpatient involuntary treatment in the least restrictive environment for a period not to exceed twenty-one days or be detained for outpatient detention and treatment under the supervision of a mental health program in the least restrictive environment for a period not to exceed one hundred eighty days.
- 632.337. 1. When the court has ordered up to one hundred eighty days of outpatient detention and treatment pursuant to section 632.335 or 632.350 or 632.355, and the supervisory mental health program has good cause to believe that immediate detention in a more appropriate least restrictive environment is required because the respondent presents a likelihood of serious harm, or is gravely disabled due to mental illness, the supervisory mental health program may direct that the respondent be detained for up to ninety-six hours at an appropriate mental health program that has agreed to accept the respondent and may authorize the sheriff to detain and transport the respondent to that mental health program. Detention for more than ninety-six hours shall be pursuant to section 632.330.
- 2. Evidence of detention for ninety-six-hour periods during the one hundred eighty-day outpatient detention and treatment may be considered by the court in determining additional periods of detention and treatment.
- 632.340. 1. Before the expiration of the twenty-one-day inpatient detention and treatment period ordered pursuant to section 632.335, the court may order the respondent to be detained and treated involuntarily for an additional period not to exceed ninety inpatient days or may order the respondent to be detained for outpatient detention and treatment for a period not to exceed one hundred eighty days; provided, that:
- (1) The respondent is mentally ill and continues to present a likelihood of serious harm to himself or others, or is gravely disabled; and
- (2) The court, after a hearing, orders the respondent detained and treated for the additional period.
- 2. If, within seventeen days of the court hearing described in section 632.335, the head of the mental health program or the mental health coordinator has reasonable cause to believe that the respondent is mentally ill and as a result presents a likelihood of serious harm to himself or others, or is gravely disabled, and believes that further detention and treatment is necessary, he shall file, or cause to be filed, with the court a petition for ninety days additional detention and treatment or a petition for outpatient detention and treatment for a period not to exceed one hundred eighty days. The court shall immediately set a date and time for a hearing on the petition, which shall take place within four judicial days of the date of the filing of the petition. The court shall serve a copy of the petition and the notice of the date and time of the hearing upon the petitioner, the respondent, and their attorneys as promptly as possible, but not later than two judicial days after the filing of the petition. The petitioner shall also file with the court, for the court to serve upon the respondent's attorney not later than two judicial days after the filing of the petition, a list of the proposed witnesses for the petitioner. The head of the mental health program shall notify the mental health coordinator if the petition is not filed by the mental health coordinator. The petition shall comply with the requirements of section 632.330, and an individualized treatment plan for the respondent shall be attached thereto.
  - 632.350. 1. The hearing for a ninety-day inpatient detention and treatment period or for

outpatient detention and treatment for a period not to exceed one hundred eighty days shall be conducted in as informal a manner as may be consistent with orderly procedure and in a physical setting not likely to have a harmful effect on the mental health of the respondent. If a jury trial is not requested, due consideration shall be given by the court to holding a hearing at the mental health program. The hearing shall be held in accordance with the provisions set forth in section 632.335.

- 2. The burden of proof at the hearing shall be by clear and convincing evidence and shall be upon the petitioner.
- 3. If the matter is tried before a jury, the jury shall determine and shall be instructed only upon the issues of whether or not the respondent is mentally ill and, as a result, presents a likelihood of serious harm to himself or others, or is gravely disabled. The remaining procedures for the jury trial shall be as in other civil matters.
  - 4. The respondent shall not be required to file an answer or other responsive pleading.
- 5. At the conclusion of the hearing, if the court or jury finds that the respondent, as the result of mental illness, presents a likelihood of serious harm to himself or to others, or is gravely disabled, and the court finds that a program appropriate to handle the respondent's condition has agreed to accept him, the court shall order the respondent to be detained for involuntary treatment in the least restrictive environment for a period not to exceed ninety days or for outpatient detention and treatment under the supervision of a mental health program in the least restrictive environment for a period not to exceed one hundred eighty days.
- 632.355. 1. At the expiration of the ninety-day inpatient commitment period ordered by the court pursuant to section 632.350, the respondent may be detained and treated as an involuntarily inpatient for an additional period of time not to exceed one year or such lesser period of time as determined by the court or may be detained for outpatient detention and treatment for a period of time not to exceed one hundred eighty days; provided, that:
- (1) The respondent is mentally ill and continues to present a likelihood of serious harm to himself or to others, or is gravely disabled; and
  - (2) The court after a hearing orders the person detained and treated for the additional period.
- 2. Within the ninety-day commitment period, the head of the mental health program or the mental health coordinator may file or cause to be filed, in compliance with the requirements of section 632.330, a petition for a one-year inpatient detention and treatment period or a petition for outpatient detention and treatment for a period not to exceed one hundred eighty days if he has reasonable cause to believe that the respondent is mentally ill and as a result presents a likelihood of serious harm to himself or others, or is gravely disabled, and that further detention and treatment is necessary pursuant to an individualized treatment plan prepared by the program and filed with the court. Procedures specified in sections 632.340, 632.345 and 632.350 shall be followed.
- 3. At the conclusion of the hearing, if the court or jury finds that the respondent, as the result of mental illness, presents a likelihood of serious harm to himself or others, or is gravely disabled, and the court finds that a program appropriate to handle the respondent's condition has agreed to accept him, the court shall order that the respondent be detained for involuntary treatment in the least restrictive environment for a period not to exceed one year or for outpatient detention and treatment under the supervision of a mental health program in the least restrictive environment for a period not to exceed one hundred eighty days.
- 632.375. 1. At least once every one hundred eighty days, the head of each mental health program shall have each respondent who is detained at the program for a one-year period under this chapter examined and evaluated to determine if the respondent continues to be mentally ill, and as a result presents a likelihood of serious harm to himself or others, or is gravely disabled. The court, the mental health coordinator for the region, the respondent and the respondent's attorney shall be provided copies of the report of the examination and evaluation described by this section and the

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respondent's individualized treatment plan.

- 2. Upon receipt of the report, the court may, upon its own motion, or shall, upon the motion of the respondent, order a hearing to be held as to the need for continued detention and involuntary treatment. At the conclusion of the hearing, the court may order:
  - (1) The discharge of the respondent; or
  - (2) An appropriate least restrictive course of detention and involuntary treatment; or
- (3) The respondent to be remanded to the mental health program for the unexpired portion of the original commitment order.
- 632.390. 1. The head of a mental health program shall release any person who is involuntarily detained under this chapter when, in his opinion, the person is no longer mentally ill or, although mentally ill, does not present a likelihood of serious harm to himself or others, or is no longer gravely disabled, even though the detention period has not expired.
- 2. Whenever the head of a mental health program discharges a person prior to the expiration of the detention order, he shall notify in writing the court and the mental health coordinator.
- 3. Whenever a respondent voluntarily admits himself and the head of a mental health program accepts the admission application submitted by respondent in good faith under section 632.105, the respondent's involuntary detention shall cease, and the head of the program shall notify, in writing, the court and the mental health coordinator.
- 632.430. 1. Appeals from court orders made under this chapter may be made by the respondent or by the petitioner to the appropriate appellate court pursuant to the rules of civil procedure of the supreme court of Missouri pertaining to appeals. Such appeal shall have priority on the docket of the appellate court and shall be expedited in all respects. The court shall notify the attorney general's office whenever an appeal is filed under this subsection, and the attorney general shall represent the state when it is a party to such appeal.
- 2. A motion to stay any order restricting an individual's liberty may be filed in either the court or the appropriate appellate court. A stay order shall not be granted in any case where the court finds that the person is so mentally ill that there is an imminent likelihood of serious physical harm to himself or others if he is not detained or treated pending appeal or the person is gravely disabled and there exists an imminent risk to the person's health or safety if such person is not detained or treated pending appeal. Any refusal to grant a stay by the court may be reviewed by the appropriate appellate court on motion."; and

Further amend said bill by amending the title, enacting clause, and intersectional references accordingly.

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